

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3		1				
4						
5		2				
6	1					
7		2				
8						
9						
10						
11		1				
12		2				
13		2				
14						
15						
16		2				
17		2				
18		2				
19						
20						
21		2				
22		1				
23	1					
24		1				
25		1				
26						
27		3				
28	1					
29		3				
30						
31						
32						
33		1				
34		3				
35		3				
36						
37						
38		2				
39		3				
40		3				
41						
42						
43		3				
44		1				
45	1					
46		1				
47						
48						
49		2				
50		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		2				
52						
53						
54						
55						
56						
57						
58						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	53					
TOTAL CLAIMS	58					